

EXHIBIT O

NATIONAL PRACTITIONER DATA BANK

NPDB



NPDB Guidebook

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U.S. Department of Health and Human Services
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Bureau of Health Workforce



HRSA
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lawsuit agreed to the condition. Should the resulting payment be reported to the NPDB?

Yes. Because the payment is the result of the condition that the defendant health care practitioner be dismissed from the lawsuit, the payment can only be construed as a payment for the benefit of the health care practitioner and must be reported to the NPDB.

- 17. A hospital and a health care practitioner were named in a medical malpractice claim. Further review revealed that the practitioner had never treated the plaintiff who filed the claim. The practitioner was dismissed from the lawsuit without condition. A settlement on behalf of the hospital was reached and a payment was made to the plaintiff to resolve the claim. The release stated that the defendant health care practitioner was dismissed from the lawsuit prior to settlement and the payment was being made on behalf of the hospital. Is this payment reportable to the NPDB?**

No. Because the health care practitioner had been dismissed from the action independently of the settlement or release, the payment cannot be viewed as being made for the benefit of the health care practitioner. The payment made on behalf of the hospital should not be reported to the NPDB.

REPORTING ADVERSE CLINICAL PRIVILEGES ACTIONS

Hospitals and other health care entities must report adverse clinical privileges actions to the NPDB that meet NPDB reporting criteria – that is, any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days *or* the acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist, (1) while the physician or dentist is under investigation by a health care entity relating to possible incompetence or improper professional conduct, or (2) in return for not conducting such an investigation or proceeding. Clinical privileges include privileges, medical staff membership, and other circumstances (e.g., network participation and panel membership) in which a physician, dentist, or other health care practitioner is permitted to furnish medical care by a health care entity.

Adverse clinical privileges actions that *must* be reported to the NPDB are professional review actions – that is, they are based on a physician's or dentist's professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient. Generally, the entity that takes the clinical privileges action determines whether the physician's or dentist's professional competence or professional conduct adversely affects, or could

adversely affect, the health or welfare of a patient. Hospitals and other health care entities *must* report clinical privileges actions taken against physicians and dentists when those actions meet the criteria for reportability.

In addition, hospitals and other health care entities *may* report – and are encouraged to report – clinical privileges actions taken against health care practitioners *other than* physicians and dentists when those clinical privileges actions are based on the practitioner’s professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

Definitions and examples of these terms are provided in Chapter C: Subjects of Reports.

Table E-5 outlines reporting obligations for adverse clinical privileges actions.

Table E-5:
Authority for Reporting Adverse Clinical Privileges Actions

Law	Who Reports?	What is Reported?	Who is Reported?
Title IV	Hospitals Other health care entities with formal peer review	Certain clinical privileges actions related to professional competence or conduct	Physicians and dentists Other practitioners (optional)

Hospitals and other eligible health care entities must report:

- Professional review actions that adversely affect a physician’s or dentist’s clinical privileges for a period of more than 30 days
- Acceptance of a physician’s or dentist’s surrender or restriction of clinical privileges while under investigation for possible professional incompetence or improper professional conduct, or in return for not conducting such an investigation or not taking a professional review action that otherwise would be required to be reported to the NPDB

Actions taken against a physician’s or dentist’s clinical privileges include reducing, restricting, suspending, revoking, or denying privileges, and also include a health care entity’s decision not to renew a physician’s or dentist’s privileges if that decision was based on the practitioner’s professional competence or professional conduct. Clinical privileges actions are reportable once they are made final by the health care entity. However, summary suspensions lasting more than 30 days are reportable *even if* they are not final.